Date Received:	Complaint #:
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KENTUCKY BOXING AND WRESTLING AUTHORITY Complaint Form

Filed By:

	<u> </u>	
Name:	Phone #: _	
Address:		
City:	State:	Zip:
	Filed Against:	
Name:	Phone #: _	
Address:		
City:	State:	Zip:
	Promotion Information	<u>n:</u>
Name:		
Show Date:	Location:	
	<u>Witnesses</u>	
1. Name:	Phone #: _	
2. Name:	Phone #: _	
3. Name:	Phone #: _	
4. Name:	Phone #: _	

Complaint Deposition

to the best of complaint is	this complaint form, I hereby certify that the of my knowledge. I also understand that if the seeing filed against will be advised of the follows been filed, the name of the person filing the plaint.	law was broken the person this lowing information: that a
Signature:		Date:
Send to:	Kentucky Boxing and Wrestling Authority P.O. Box 1360	Phone #: 502-564-0085

Frankfort, KY 40602